

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

09/937481

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2		/		/		
3	/		/			
4		/		/		
5	/		/			
6	/		/			
7		2		/		
8		2		/		
9		2		/		
10		2		/		
11		2		/		
12		0		/		
13		0		/		
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17	/		/			
18		/		/		
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20		/		/		
21		0		/		
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49						
50						
TOTAL IND.	9		9			
TOTAL DEP.	3		8			
TOTAL CLAIMS	32		27			

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS